

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020562

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 5395

Registrar's No. 48

FILED MAY 17 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JEFFERSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ROCK TOWNSHIP</b>   |   | c. CITY OR TOWN <b>ARNOLD, MO.</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>R.R. #2</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>R.R. #2</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>JOHN ALEXANDER MELTON</b>  |   | 4. DATE OF DEATH Month Day Year<br><b>MAY 9 1963</b>  |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-13-89</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FARMING</b>   | 11. BIRTHPLACE (City and state or country)<br><b>PUXICO, MO.</b>   |
| 13a. FATHER'S NAME<br><b>THOMAS D. MELTON</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARTHA CALDWELL</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>ORA L. MELTON</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)<br><b>NO</b>   |   | 17. INFORMANT Address <b>R.R. #2</b><br><b>44 MRS. ORA L. MELTON, ARNOLD, MO.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Heart Failure</b><br>DUE TO (c) <b>Myocardial Infarction</b><br>DUE TO (c) <b>Arterio Sclerotic Heart Disease</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 hrs</b><br><b>3 weeks</b><br><b>6 weeks</b><br><b>12 weeks</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <b>4/20/63</b> to <b>5/19/63</b> and last saw him alive on <b>5/19/63</b><br>Death occurred at <b>9:10</b> <b>AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Charles Bernside MD.</b>   |   | 22b. ADDRESS<br><b>206 W. Argonne Reinhard</b>  |  |
| 22c. DATE SIGNED<br><b>5/19/63</b>  |   | 22d. LOCATION (City, town, or county) (State)<br><b>PUXICO MO.</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>5-11-63</b>   | 23c. NAME OF CEMETERY OR CREMATOR<br><b>DUCK CREEK</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>PUXICO MO.</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>James P. Cody CRYSTAL CITY, MO.</b>  |   | 25. DATE RECD. BY LOCAL REG<br><b>5-13-63</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Robert E. Bauer</b>   |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James Richard Cody*

Licensed Embalmer No.

*4309*

P. O. Address

*Crystal City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.